



I Want to Become a Friend of EMHS!

Name _____

Address _____

City _____

State, Zip _____

Email _____

Phone _____

Check all that apply:

- Contact me about volunteering.
- Send me information about becoming a board member.
- Contact me to volunteer at *Dancing With The Sioux Falls Stars*.

By signing this form you are opting in to receiving updates from EMHS.

Signature _____

Date: _____